

RESPONSE UNDER 37 C.F.R. §1.116 - EXPEDITED PROCEDURE GROUP ART UNIT 1637

VIA HAND DELIVERY FEBRUARY 27, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Fischer et al.

Attorney Docket No.: PZ010P2

Application Serial No.: 09/973,278

Group Art Unit: 1637

Filed: October 10, 2001

Examiner: Spiegler, A.

For: Secreted Protein HHTLF25 (as amended)

RESPONSE AND AMENDMENT UNDER 37 C.F.R. § 1.116

Mail Stop AF

Commissioner for Patents Alexandria, VA 22313-1450

Sir:

In response to the Office Communication mailed January 22, 2004 (Paper No. 20040113), please enter the following amendments and consider the following remarks. Applicants submit concurrently herewith a Fee Transmittal Sheet (in duplicate).

Remarks begin on page 2 of this paper.

FEB 2 7 2004

Dragn AF /1637

Use in lieu of PTO/SB/17 (08-03) (Form updated to reflect FY 2004 fees effective 10/1/03)

EE TRANSMITTAL			Complete if Known				
PEE INANSIMITIAL	. [Applic	cation	Numb	er 09/973,278-Conf. #5790		
for FY 2004		Filing Date			October 10, 2001		
			Vamed	Inver	ntor Carrie L. Fischer		
Effective 10/01/2003, Patent fees are subject to annual revision.		Exam	iner Na	ame	A. Spiegler		
Applicant claims small entity status. See 37 CFR 1.27	- 1	Art Ur	i.		1637		
				cket No			
		Attorn	ey Do				
METHOD OF PAYMENT (check all that apply)	├ ──			FEE	CALCULATION (continued)		
Check Card Money Order None	3. ADDITIONAL FEES						
Deposit Account:	1 2500	Entity	Small	Entity			
Deposit Account 08-3425	Fee	Fee	Fee	Fee	- For Description		
Number	Code	(\$)	Code	(\$)	Fee Description Fee Paid		
Deposit Account Human Genome Sciences, Inc.	1051	130	2051	65	Surcharge – late filing fee or oath		
Name The Director is authorized to: (check all that apply)	1052	50	2052	25	Surcharge – late provisional filing fee or cover sheet.		
Charge fee(s) indicated below X Credit any overpayments	1053	130	1053	130	Non-English specification		
Charge any additional fee(s) during the pendency of this	1812	2,520	1812		For filing a request for ex parte reexamination		
	1804	920*	1804	920*	Requesting publication of SIR prior to		
Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	1805	1,840*	1805		Examiner action Requesting publication of SIR after		
	ł			1,040	Examiner action		
FEE CALCULATION 1. BASIC FILING FEE	1251 1252	110 420	2251 2252	55	Extension for reply within first month		
Large Entity Small Entity	1252	950	2252	210 475	Extension for reply within second month Extension for reply within third month		
Fee Fee Fee Fee Paid	1254	1,480	2254	740	Extension for reply within fourth month		
Code (\$) Code (\$) 1001 770 2001 385 Utility filing fee							
1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee	1255 1401	2,010 330	2255 2401		Extension for reply within fifth month		
1003 530 2003 265 Plant filling fee	1402	330	2401	165 165	Notice of Appeal Filing a brief in support of an appeal		
1004 770 2004 385 Reissue filing fee	1403	290	2402	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee	1451	1,510	1451		_ `		
SUBTOTAL (1)	1452	110	2452	55	Petition to revive – unavoidable		
SUBTOTAL (1) (\$) 0.00	1453	1,330	2453	665	Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501	1,330	2501	665	Utility issue fee (or reissue)		
Extra Fee from Claims below Fee Paid	1502	480	2502	240	Design issue fee		
Total Claims 46 -75** = x = 0.00	1503	640	2503	320	Plant issue fee		
Independent 8 -15** = x = 0.00	1460	130	1460	130	Petitions to the Commissioner		
Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Stmt		
Fee Fee Fee Fee Code (\$) Fee Description	8021	40	8021	40	Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submission after final rejection		
1201 86 2201 43 Independent claims in excess of 3					(37 CFR 1.129(a)) For each additional invention to be		
1203 290 2203 145 Multiple dependent claim, if not paid	1810	770	2810	385	examined (37CFR 1.129(b))		
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801		Request for Continued Examination (RCE) Request for expedited examination		
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	of a design application		
and over original patent	Other f	ee (spec	ify) .				
SUBTOTAL (2) (\$) 0.00	*Redu	ced by E	asic Fil	ing Fee	Paid SUBTOTAL (3) (\$) 0.00		
**or number previously paid, if greater, For Reissues, see above							
SUBMITTED BY		-47 57			(Complete (if applicable))		
Name (Print/Type) Janet M/Martineau /	Hegistr (At yo me	ation No y/Agent)	46,	903	Telephone (301) 315-2723		
Signature ////////////////////////////////////	//	<u> </u>			Date February 27, 2004		
1 / Maria Maria	<u> </u>		_	2			